

statewide <b>SVRS</b> voter registration system	official use: Confidential Elector ID # (HINDI - sequential #)	<b>VOTER REGISTRATION APPLICATION</b>	<input type="checkbox"/> Submitted by Mail
		SVRS ID #	

<b>Please Review and Print Clearly Note:</b> If this is a change of address, your voting rights will be canceled at your previous residence. If you are registering to vote in Wisconsin for the first time and submitting this application by mail, you must provide a photocopy of a "proof of residence" document. If you do not provide a photocopy of this document, you will be asked for identification the first time you vote.	ALD. DIST.	WARD
DATE:		

<input type="radio"/> New WI Voter <input type="radio"/> Name Change <input type="radio"/> WI Address Change	City: <b>MILWAUKEE</b>	County: <b>MILWAUKEE</b>
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Wisconsin Driver's License/State ID Number	<input type="radio"/> I have neither a WI DOT issued ID nor a Social Security Number.
Social Security Number - Last Four Digits (only if you do not have a valid WI Drivers License)	

<b>Current</b>	Print your name exactly as it appears on the Identification Card used above. (D.L., State I.D., Soc. Sec.)			(Circle)
	Last Name	First	M.I.	Jr., Sr., II, III, IV
	Date of Birth (MM/DD/YY)    /    /		Telephone Number	
	Address			Apt. No.
City <b>MILWAUKEE</b> State <b>WISCONSIN</b> Zip Code				

<b>Previous</b>	Last Name                      First                      M.I.			(Circle)
	Address			Jr., Sr., II, III, IV
	City	State	Zip Code	

ELECTION COMMISSION (414) 286-3491                      **OVER**

Please answer the following questions by checking "Yes" or "No"		If you checked "No" in response to EITHER of these questions, <u>do not</u> complete this form.
1. Are you a citizen of the United States of America?	<input type="radio"/> Yes <input type="radio"/> No	
2. Will you be 18 years of age on or before election day?	<input type="radio"/> Yes <input type="radio"/> No	

<input type="radio"/> I certify that I am a qualified elector, a U.S. Citizen, at least 18 years old or will be at least 18 years old at the time of the next election, having resided at the above residential address for at least 10 days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting. I certify that all statements on this form are true and correct. If I have provided false information I may be subject to fine or imprisonment under State and Federal laws. If completed on election day: I further certify that I have not voted at this election. (Please fill in circle).
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Signature of Elector	Date (MM/DD/YY)    /    /
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<input type="radio"/> I am interested in becoming an election inspector (do not mark if you are a current election worker).
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Accommodation needed at poll location (e.g., wheelchair access)
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Special Registration Deputy	Print Name	I.D. Number	Signature
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**OFFICE USE ONLY**

OR:	CA:	NC:	DUP:	D:	MOV:
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